2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N08000003360

Entity Name: SPORTSMAN'S FOUNDATION FOR MILITARY FAMILIES, INC.

Current Principal Place of Business:

5260 BLUFF HAMMOCK RD.
LORIDA, FL 33857

New Principal Place of Business:

Current Mailing Address:

5260 BLUFF HAMMOCK RD.
LORIDA, FL 33857

New Mailing Address:

FEI Number: 26-2958680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANT ANGELO, DANIEL L.
5260 BLUFF HAMMOCK RD.
LORIDA, FL 33857 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: SANT ANGELO, DANIEL L.
Address: 5260 BLUFF HAMMOCK RD.
City-St-Zip: LORIDA, FL 33857

Title: VS ( ) Delete
Name: SANT ANGELO, CARLA
Address: 5260 BLUFF HAMMOCK RD.
City-St-Zip: LORIDA, FL 33857

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: HOLDEN, CHRISTINE L
Address: 316 NORTH MAIN STREET
City-St-Zip: GREENSBORO, MD 21639

Title: MR. ( ) Change (X) Addition
Name: HULL, BARRY W
Address: 406 SARANAC DRIVE
City-St-Zip: SPARTANBURG, SC 29307

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL SANTANGELO DPT 04/08/2009

Electronic Signature of Signing Officer or Director — Date